

FORM REQUEST : ERS EMPLOYER FORMS

Please indicate which form(s) you are requesting by checking ✓ the designated blank. ERS reserves the right to restrict the number of forms mailed to an agency.

Agency Name: _____ No. of Employees _____

Contact Person: _____ Phone No.: (____) _____

Mailing Address: _____

*You may request forms by calling 800-214-2158, extension 582.

- _____ **Form 100, Enrollment Form: Member Information Record** For new members or members transferring to another ERS agency.
- _____ **Form MB, Designation of Multiple Beneficiaries Prior to Retirement** For members wishing to designate multiple beneficiaries prior to retirement.
- _____ **Form TR-1, Transfer of Membership From Teachers' Retirement System** For members who are transferring service credit from the TRS to the ERS.
- _____ **Form TR-2, Transfer of Membership From Employees' Retirement System** For members who are transferring service credit from the ERS to the TRS.
- _____ **Form 100-C, Change of Beneficiary Form** Form used to change the member's beneficiary(ies).
- _____ **RSA-14, Acceptable Proof of Age Documents** Lists and describes the documents which are accepted by the ERS as proof of date of birth.
- _____ **RSA-7, Notice of Final Deposit and Request for Refund** For members who have terminated employment and request distribution of the funds in his or her retirement account.
- _____ **Special Tax Notice Regarding Plan Payments** For members who have terminated employment and request distribution of the funds in his or her retirement account.
- _____ **RSA-SB, Application for Survivor Benefit** For beneficiaries of deceased members to file for survivor benefits.
- _____ **Form F, Service Calculation Form** For certifying credit to establish retirement.
- _____ **Firefighter Certification Form** For use in certifying service under Act 2004-637.
- _____ **Law Enforcement Officer Certification Form** For use in certifying service under Act 2004-637.
- _____ **Application to Obtain Service Credit for Maternity Leave Without Pay**
- _____ **Part I: Retirement Application Packet (Form 10, Application for Retirement)** If a member plans to retire, this packet has all of the latest versions of the forms and information needed to ensure a smooth transition from ERS-covered employment to retirement.
- _____ **Report of Disability Packet** For members seeking retirement on disability.
- _____ **Form 10MB, Multiple Beneficiaries Attachment** For members to name multiple beneficiaries at retirement.
- _____ **Postretirement Employment** For members returning to work after retirement.
- _____ **DROP Contract and Application** For members electing to participate in the Deferred Retirement Option Plan.
- _____ **Direct Deposit Authorization** For retiring members to authorize the RSA deposit their benefit directly to their bank account.